



WORLD HEALTH SURVEY

2002

B - Individual Questionnaire

Rotation - A

World Health Organization, Evidence and Information for Policy

WORLD HEALTH SURVEY

INDIVIDUAL QUESTIONNAIRE

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WORLD HEALTH SURVEY

0990. Individual Consent Form

Dear Participant,

You have been randomly selected to be part of this survey and we would, therefore, like to interview you. This survey is conducted by the World Health Organization and will be carried out by professional interviewers from (name of institution). This survey is currently taking place in several countries around the world.

The information you provide will only be used to understand the main things that affect peoples' health in different countries and how people view their own health and access to health services.

The interview will take approximately 60 minutes. I will ask you questions about:

- some personal details,
- your health including activities that you generally carry out,
- any health problems you have experienced and treatment you may have received,
- the health care centres you use and how well these have responded to your needs.

The information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name, address, and other personal information will be removed from the questionnaire, and only a code will be used to connect your name and your answers without identifying you. The Survey Team may contact you again only if it is necessary to complete the information on the survey.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact (name of institution and contact details) or (Principal Investigator at site).

Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Q0990. Who was the Individual Consent Form read by?

1. Read by Respondent [] 2. Read by Interviewer []

Q0991. Was the Individual Consent Form Agreed to and Signed / but Not Signed or Refused?

1. Agreed and Signed [] 2. Agreed but Not Signed [] 7. Refused []

Respondent: _____

Interviewer: _____

Date: ___ / ___ / ___

1000. Respondent's Socio Demographic Characteristics

Time Begin: ___ : ___

I would like to start by asking you some background questions before asking you questions on your health. This information is confidential and will only be used for research purposes.

Q1000	What is your mother tongue?					
Q1001	Record sex as observed	1. Female	2. Male			
Q1002	<u>How old are you?</u> (Years)	_____				If age is known: Go to Q1004
Q1003	If you don't know/don't want to tell me your age could you tell me the <u>age range</u> if I read the different options to you (choose what is most appropriate) ? (READ THE OPTIONS TO THE RESPONDENT)	1. 18-19				
		2. 20-29				
		3. 30-39				
		4. 40-49				
		5. 50-59				
		6. 60-69				
		7. 70+				
Q1004	Your <u>weight</u> in Kilos?	_____				If weight is in kilos: Go to Q1006
Q1005	Your <u>weight</u> in Pounds?	_____				
Q1006	Your <u>height</u> in Centimeters	_____				If height is in centimeters: Go to Q1008
Q1007	Your <u>height</u> in Feet / Inches	_____				
Q1008	What is your current <u>marital status</u> ?	1. Never Married	2. Currently Married	3. Separated	4. Divorced	5. Widowed 6. Cohabiting
Q1009	What is the <u>highest level of education</u> that you have completed?	1. No formal schooling				
		2. Less than primary school				
		3. Primary school completed				
		4. Secondary school completed				
		5. High school (or equivalent) completed				
		6. College / pre-university / University completed				
		7. Post graduate degree completed				
Q1010	How many <u>years of school</u> , including higher education have you completed?	_____				

Q1011	What is your [<i>ethnic group / racial group / cultural subgroup / others</i>] background? <i>Each country to substitute appropriate phrases or terms and list the relevant response options.</i>	
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Now, I would like to ask you a few questions about your work status.

Q1012	What is your <u>current job</u> ?	1. Government employee	2. Non-government employee	3. Self-employed	4. Employer	5. Not working for pay	If not working for pay: Go to Q1014
Q1013	During the <u>last 12 months</u> , what has been your <u>main occupation</u> ?	1. Legislator, Senior Official, or Manager 2. Professional (engineer, doctor, teacher, clergy, etc.) 3. Technician or Associate Professional (inspector, finance dealer, etc.) 4. Clerk (secretary, cashier, etc.) 5. Service or sales worker (cook, travel guide, shop salesperson, etc.) 6. Agricultural or fishery worker (vegetable grower, livestock producer, etc.) 7. Craft or trades worker (carpenter, painter, jewelry worker, butcher, etc.) 8. Plant/machine operator or assembler (equipment assembler, sewing-machine operator, driver, etc.) 9. Elementary worker (street food vendor, shoe cleaner, etc.) 10. Armed forces (government military)					Go to Section 2000
Q1014	What is the <u>main reason</u> you are <u>not working for pay</u> ?	1. Homemaker / caring for family 2. Looked but can't find a job 3. Doing unpaid work / voluntary activities 4. Studies / training 5. Retired / too old to work 6. Ill health 7. Other					

Time End: ____: ____

2000. Health State Descriptions

Time Begin: ___ : ___

Overall Health

The first questions are about your overall health, including both your physical and your mental health.

Q2000	In general, how would you <u>rate your health today</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very Bad
Q2001	Overall in the last 30 days, how much difficulty did you have with <u>work or household activities</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Now I would like to review different functions of your body. When answering these questions, I would like you to think about the last 30 days, taking both good and bad days into account. When I ask about difficulty, I would like you to consider how much difficulty you have had, on an average, in the past 30 days, while doing the activity in the way that you usually do it. By difficulty I mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. Please answer this question taking into account any assistance you have available. **(Read and show scale to respondent).**

Mobility

Q2010	Overall in the last 30 days, how much difficulty did you have with <u>moving around</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2011	In the last 30 days, how much difficulty did you have in <u>vigorous activities, such as running 3 km (or equivalent) or cycling</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Self Care

Q2020	Overall in the last 30 days, how much difficulty did you have with <u>self-care, such as washing or dressing yourself</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2021	In the last 30 days, how much difficulty did you have in <u>taking care of and maintaining your general appearance</u> (e.g. grooming, looking neat and tidy etc.)	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Pain and Discomfort

Q2030	Overall in the last 30 days, how much of <u>bodily aches or pains</u> did you have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
Q2031	In the last 30 days, how much <u>bodily discomfort</u> did you have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme

Cognition

Q2050	Overall in the last 30 days, how much difficulty did you have with <u>concentrating or remembering things</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Q2051	In the last 30 days, how much difficulty did you have in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe etc.)?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Interpersonal Activities

Q2060	Overall in the last 30 days, how much difficulty did you have with <u>personal relationship or participation in the community</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2061	In the last 30 days, how much difficulty did you have in <u>dealing with conflicts and tensions</u> with others?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Vision

Q2070	Do you wear <u>glasses or contact lenses</u> ? (If Respondent says YES to this question, preface the next 2 questions with "Please answer the following questions taking into account your glasses or contact lenses".)	1. Yes			5. No	
Q2071	In the last 30 days, how much difficulty did you have in seeing and recognizing <u>a person you know across the road</u> (i.e. from a distance of about 20 meters)?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2072	In the last 30 days, how much difficulty did you have in seeing and recognizing <u>an object at arm's length or in reading</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Sleep and Energy

Q2080	Overall in the last 30 days, how much of a problem did you have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or waking up too early in the morning?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
Q2081	In the last 30 days, how much of a problem did you have due to not <u>feeling rested and refreshed</u> during the day (e.g. feeling tired, not having energy)?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme

Affect

Q2090	Overall in the last 30 days, how much of a problem did you have with <u>feeling sad, low or depressed</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
Q2091	Overall in the last 30 days, how much of a problem did you have with <u>worry or anxiety</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme

VIGNETTES FOR HEALTH STATE DESCRIPTIONS

Q2100	RECORD SET (A, B, C, D): A	
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I will now read to you some descriptions of persons with varying levels of difficulties in different areas of health. I would like to know how you view each of these descriptions and rate how much of a problem or difficulty the person described has in that area of health in the same way that you described your health to me. While giving the rating, think of the person as someone who is of your age and background.

(Show and read rating scale to respondent; use in vignettes country specific female/male first names to match sex of the respondent.)

Vignette 1						
Q2101	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2102	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 2						
Q2103	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2104	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 3						
Q2105	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2106	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 4						
Q2107	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2108	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Vignette 5						
Q2109	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2110	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 6						
Q2111	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2112	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 7						
Q2113	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2114	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 8						
Q2115	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2116	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 9						
Q2117	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2118	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Vignette 10						
Q2119	Question 1	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q2120	Question 2	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Time End: ___ : ___

3000. Health State Valuations (Set A)

Time Begin: ___ : ___

Q3000A	RECORD SET:	A
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A. Descriptions

The questions I am going to ask you now are about different states of health. I will present several different states, and I want you to try to imagine what it would be like to live in those states.

If you look at these cards you will see that each card describes one health state. Let me begin by reading each card out loud (READ EACH CARD AND HAND IT TO RESPONDENT). Now, for each state, I am going to ask you to describe what you imagine that state would be like in terms of different aspects of health.

READ TO RESPONDENT: Please try to imagine what it would be like to live in the following health state: Below the knee amputation in one leg, with no prosthesis but with basic crutches available.

Q3000	Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3001	Overall, how much difficulty would a person in this state have with <u>moving around</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3002	Overall, how much of <u>bodily aches and pains</u> would a person in this state have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme

READ TO RESPONDENT: Now please try to imagine what it would be like to live in the following health state: Alcohol dependence, marked by excessive drinking that cannot be controlled.

Q3003	Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3004	Overall, how much difficulty would a person in this state have with <u>concentrating or remembering things</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3005	Overall, how much of a problem would a person in this state have with sleeping, such as <u>falling asleep</u> , waking up <u>frequently during the night</u> or <u>waking up too early in the morning</u> ?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme

Please try to imagine what it would be like to live in the following health state: having limited long-distance vision - able to read and recognize objects at arm's length but not to distinguish faces across a room (i.e., at distance of 5 meters); no glasses available.

Q3006	How much difficulty would a person in this state have with <u>vigorous activities</u> , such as running 3 km (or equivalent) or cycling?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
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Q3007	Overall, how much difficulty would a person in this state have with <u>personal relationships or participation in the community?</u>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3008	How much difficulty would a person in this state have with <u>seeing and recognizing a person he or she knows across the road</u> (i.e. from a distance of about 20 meters)?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

READ TO RESPONDENT: Now please try to imagine what it would be like to live in the following health state: Chronic lower back pain, with stiffness in the morning, problems sitting or bending and to a lesser degree walking; difficulties in all physical activities.

Q3009	Overall, how much difficulty would a person in this state have with <u>self-care</u> , such as washing or dressing himself / herself?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3010	Overall, how much of <u>bodily aches and pains</u> would a person in this state have?	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
Q3011	Overall how much difficulty would a person in this state have with <u>moving around?</u>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

Now please try to imagine the following health state: total blindness in both eyes, acquired as an adult.

Q3012	Overall, how much difficulty would a person in this state have with <u>feeling sad, low or depressed?</u>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme
Q3013	Overall, how much difficulty would a person in this state have with <u>moving around?</u>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do
Q3014	Overall, how much difficulty would a person in this state have with <u>personal relationships or participation in the community?</u>	1. None	2. Mild	3. Moderate	4. Severe	5. Extreme/ Cannot do

B. Ordinal Ranking Exercise

Now that you have described the states on these cards, what I would like you to do is to compare each card to the others and rank them according to how healthy you think somebody in each state would be overall, considering all of the different parts of health. For each state, please try to imagine what it would be like to live in that state for the rest of your life

I will read through the cards again, and as I read them, please think carefully about which state you think is the best and which state you think is the worst. (READ EACH CARD TO RESPONDENT AND HAND HIM/HER THE CARD.)

Now, of all of these states, please pick the one that you think would be the most healthy out of all of them. (LET RESPONDENT PICK). We will put this card at the top. And which state would you consider to be the least healthy? (LET RESPONDENT PICK). We will put this card at the bottom. Now, I would like for you to place the rest of the cards in order from the best to the worst health.

WRITE THE CODE FROM EACH CARD NEXT TO THE RANK, STARTING WITH RANK 1 AS THE BEST (TOP CARD), TO RANK FIVE AS THE WORST (BOTTOM CARD).

Q3020	Rank 1 (BEST)	_____
Q3021	Rank 2	_____
Q3022	Rank 3	_____
Q3023	Rank 4	_____
Q3024	Rank 5 (WORST)	_____

Time End: ___ : ___

HEALTH STATE CODES

AMP	Below the knee amputation
ALC	Alcohol dependence
VIS	Limited long-distance vision
BAK	Chronic lower back pain
BLI	Total blindness in both eyes

4000. RISK FACTORS

Time Begin: __ __ : __ __

Tobacco

(Show Tobacco list to respondent ----see Appendix A4.1)

Q4000	Do you <u>currently smoke</u> any tobacco products such as cigarettes, cigars, or pipes?	1. Daily	2. Yes, but not daily	5. No, not at all	If 2 or No: Go to Q4010
Q4001	For <u>how many years</u> are you <u>smoking daily</u> ?	_____			

On average, how many of the following products do you smoke each day?

Q4002	Manufactured cigarettes	_____
Q4003	Hand-rolled cigarette	_____
Q4004	Pipefuls of tobacco	_____
Q4005	Other:	_____

Alcohol

(Show Alcohol card to respondent ----see Appendix A4.2)

Q4010	Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)?	1. Yes	5. Never	If Never: Go to Q4020
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During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?

Q4011	Monday	_____
Q4012	Tuesday	_____
Q4013	Wednesday	_____
Q4014	Thursday	_____
Q4015	Friday	_____
Q4016	Saturday	_____
Q4017	Sunday	_____

Nutrition

Now I am going to ask you about the fruit and vegetables you usually eat. **(Show Nutrition card to respondent ---- see Appendix A4.3)**

Q4020	How many servings of fruit do you eat on a typical day?	_____
Q4021	How many servings of vegetables do you eat on a typical day?	_____

Physical Activity

Now I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from places to place, and in your spare time for recreation, exercise or sport.

Q4030	<p>Vigorous Activity Now, think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities? (Show Physical Activity card to respondent ---- see Appendix A4.4)</p>	_____	If No: Go to Q4033
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How much time did you usually spend doing **vigorous physical activities** on one of those days?

Q4031	Hours per day	_____
Q4032	Minutes per day	_____

Q4033	<p>Moderate Activity Now think about activities which take moderate physical effort that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities? (Show Physical Activity card to respondent ---- see Appendix A4.4)</p>	_____	If No: Go to Q4036
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How much time did you usually spend doing **moderate physical activities** on one of those days?

Q4034	Hours per day	_____
Q4035	Minutes per day	_____

Q4036	Walking Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?		If No: Go to Q4040
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How much time did you usually spend **walking** on one of those days?

Q4037	Hours per day	_____
Q4038	Minutes per day	_____

Environmental Risk Factors / Water and Sanitation

Q4040	What type of <u>floor</u> does your dwelling / house have?	1. Hard floor (tile, cement, brick, wood)	2. Earth floor			
Q4041	What type of <u>wall</u> does your dwelling / house have?	1. Cement, brick, stone or wood				
		2. Mud brick				
		3. Thatch and other				
		4. Plastic sheet				
		5. Metal sheet				
		6. Other				
Q4042	What is the <u>main source of drinking water</u> for members of this household? (Show card to respondent ---- see Appendix A4.5)	1. Piped water through house connection or yard	If 1: Go to Q4045			
		2. Public standpipe				
		3. Protected tube well or bore hole				
		4. Protected dug well or protected spring				
		5. Unprotected dug well or spring				
		6. Rainwater (into tank or cistern)				
		7. Water taken directly from pond-water or stream				
		8. Tanker-truck, vendor				
Q4043	How long does it take to get there, get water and come back?	1. Less than 5 minutes	2. Between 5 to 30 minutes	3. Between 30 to 60 minutes	4. Between 60 to 90 minutes	5. More than 90 minutes
Q4044	Are there <u>at least 20 litres of water per person</u> (about one bucket) available per day (for drinking, cooking, personal hygiene etc.) in the household?	1. Yes		5. No		

Q4045	What type of <u>toilet facilities</u> does your household use? (Show card to respondent ---- see Appendix A4.6)	1. Flush to piped sewage system		
		2. Flush to septic tank		
		3. Pour flush latrine		
		4. Covered dry latrine (with privacy)		
		5. Uncovered dry latrine (without privacy)		
		6. Bucket latrine (where fresh excreta are manually removed)		
		7. No facilities (open defecation)		
		8. Other		
Q4046	How far is the facility from your dwelling/house	1. Within property / yard, used by single household		
		2. Within property / yard, used by multiple household		
		3. Outside property / yard, private		
		4. Outside property / yard, shared		
Q4047	What type of <u>fuel</u> does your household <u>mainly</u> use for <u>cooking</u> ?	1. Gas	If 1 or 2: Go to Q4050	
		2. Electricity		
		3. Kerosene		
		4. Coal		
		5. Charcoal		
		6. Wood		
		7. Agriculture/crop		
		8. Animal dung		
		9. Shrubs/grass		
		10. Other		
Q4048	What type of <u>cooking stove</u> is used in your house? (Show card to respondent ---- see Appendix A4.7)	1. Open fire or stove without chimney or hood		
		2. Open fire or stove with chimney or hood		
		3. Closed stove with chimney		
		4. Other		
Q4049	Where is cooking usually done?	1. In a room used for living or sleeping		
		2. In a separate room used as kitchen		
		3. In a separate building used as kitchen		
		4. Outdoors		
Q4050	Do you heat your house when it is cold?	1. Yes	5. No	If No: Go to Q5000

Q4051	What type of <u>fuel</u> does your household mainly use for <u>heating</u> ?	1. Gas	If 1 or 2: Go to 5000
		2. Electricity	
		3. Kerosene	
		4. Coal	
		5. Charcoal	
		6. Wood	
		7. Agriculture/crop	
		8. Animal dung	
		9. Shrubs/grass	
		10. Other	
Q4052	What type of <u>heating stove</u> is used in your house? (Show card to respondent ---- see Appendix A4.7)	1. Open fire or stove without chimney or hood	
		2. Open fire or stove with chimney or hood	
		3. Closed stove with chimney	
		4. Other	

Time End: ___ : ___

5000. Mortality

Time Begin: ___ : ___

Section A - Birth History (Women only)

These questions are to be asked of all women respondents of reproductive (18-49) yrs age.

CHECK SEX: Female CONTINUE.....Male GO TO SECTION 5100

CHECK AGE: Aged between 18 – 49 GO TO 5000.....Aged 50 or over GO TO SECTION 5100

Q5000	Now, I would like to ask you about all the births you have had during your life. Have you ever given birth?	1. Yes						5. No						If No: Go to Q5100			
		a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8	
Q5001	Name																
Q5002	Month / Year of Birth (eg. Feb -02) AFTER RECORDING THE INFORMATION ABOUT ALL BIRTHS, UNDERLINE THE LAST BIRTH AND THE NAME OF THE CHILD																
Q5003	Sex	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Q5004	Whether alive	Yes	No	Yes	No	Yes	No										
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5005	a) Current age in Years: <i>Use Years for children older than 5 years and adults</i>	YY:		YY:		YY:											
	b) Current age in Months: <i>Use Months for children between 2 months and 5 years of age</i>	MM:		MM:		MM:											
	c) Current age in Days: <i>Use Days for infants below 2 months of age</i>	DD:		DD:		DD:											

		a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8		
Q5006	Is the child currently <u>living with you</u> ?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5007	Month / Year of <u>death</u>																	
Q5008	a) <u>Age at death in: Days</u>	DD:																
	<i>Use Days for infants below 2 months of age</i>																	
	b) <u>Age at death in: Months</u>	MM:																
<i>Use Months for children between 2 months and 5 years of age</i>																		
Q5009	c) <u>Age at death in: Years</u>	YY:																
	<i>Use Years for children older than 5 years and adults</i>																	
Q5010	Did s/he have fever?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5011	Was the fever continuous (1) or on and off (5)?																	
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5012	Was the fever associated with chills/shivering?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5013	Did s/he have convulsions or fits?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5014	Was the child unconscious for more than a day during the illness that led to death?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5015	Did s/he have a stiff neck?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	
Q5015	Did s/he have a cough?	Yes	No															
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5	

		a. Child 1		b. Child 2		c. Child 3		d. Child 4		e. Child 5		f. Child 6		g. Child 7		h. Child 8	
Q5016	If yes, was it (1) dry, (2) productive, (3) with blood, (4) or unknown ?																
Q5017	Did s/he have fast breathing?	Yes 1	No 5														
Q5018	Did s/he have in drawing of the chest while breathing?	Yes 1	No 5														
Q5019	Did s/he have diarrhea?	Yes 1	No 5														
Q5020	Was there visible blood in the stools?	Yes 1	No 5														

Complete columns for all children.

Section B: Assessment of Adult Mortality

B 1 : Sibling Survivorship To be asked of primary respondent. See explanatory notes in training manual.

Q5100	Please write line number from Household roster, using numbers between 0400 and 0413. Line number	_____
Q5101	How many children did your mother give birth to, including you ? No. of births to natural mother:	_____
Q5102	How many births did your mother have before you were born? No. of preceding births:	_____
Q5103	How many births did your mother have after you were born? No. of succeeding births:	_____

Interviewer: Include all siblings (e. g. step siblings, born to the same mother). Check sum of Q5102 and Q5103 and ensure equality with (Q5101 minus 1).

INTERVIEWER: IN THE FOLLOWING QUESTION MARK RESPONDENT BY PUTTING IN Q5107 THE VALUE OF ZERO

Now I would like you to list for me details of all your siblings form oldest to youngest (including yourself)

Complete columns for all siblings.

	If 2 or more births, continue here, <u>starting with eldest child</u>	a. Sibling 1		b. Sibling 2		c. Sibling 3		d. Sibling 4		e. Sibling 5		f. Sibling 6		g. Sibling 7		h. Sibling 8	
Q5104	Name																
Q5105	Sex	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Q5106	Month/ Year of <u>birth</u> , e.g. Feb-02																
Q5107	What is the <u>age difference</u> (in years) between you and [NAME]?																
Q5108	Is [NAME] still <u>alive</u> ?	Yes	No														
		1	5	1	5	1	5	1	5	1	5	1	5	1	5	1	5
Q5109	How often are you in contact with [NAME] in person, by phone, mail or other means of communication? 1. Weekly 2. Monthly 3. Yearly 4. Every 2-3 years 5. Every 3 years or more																
Q5110	If YES to 5108, <u>how old</u> is [NAME]?																
Q5111	If NO to 5108, <u>how old</u> was [NAME] when died?																
Q5112	<u>How many years ago</u> did [NAME] die?																
Q5113	Is [NAME] currently living / did [NAME] before s/he died live in? 1. Private dwelling / house 2. Military establishment 3. Hospital 4. Nursing home 5. Other institution 8. DK																

Verbal Autopsy

For each sibling death recorded in Section B-1, answer the following questions.

Complete columns for all siblings.

		a. Sibling 1		b. Sibling 2		c. Sibling 3		d. Sibling 4		e. Sibling 5		f. Sibling 6		g. Sibling 7		h. Sibling 8		
Q5200	If deceased, a woman aged 15-49, was she <u>pregnant when she died</u> ?	Yes 1	No 5															
Q5201	If deceased, a woman aged 15-49 did she <u>die during childbirth</u> ?	Yes 1	No 5															
Q5202	If deceased, a woman aged 15-49 did she <u>die within 2 months</u> after the end of pregnancy or childbirth?	Yes 1	No 5															
Q5203	Was the death <u>associated with injury</u> ?	Yes 1	No 5	If No, Go to Q5207														
Q5204	Was it due to 1. Accident 2. Suicide 3. Murder 4. War 5. Natural disaster																	

a. Sibling 1	b. Sibling 2	c. Sibling 3	d. Sibling 4	e. Sibling 5	f. Sibling 6	g. Sibling 7	h. Sibling 8
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Q5205	Provide details of events that <u>led to the injury</u>. What was the mechanism or <u>cause of injury</u> ? 1. Motor vehicle 2. Pedestrian-vehicle crash 3. Motorcycle 4. Pedal cycle 5. Fall 6. Gunshot, firearm related 7. Landmine / bomblast 8. Stab / cut / pierce 9. Fire / burn 10. Poisoning 11. Near drowning / drowning / submersion 12. Other mechanism / cause of injury								
Q5206	Where did the <u>injury occur</u>? 1. Home 2. School 3. Street/highway 4. Parking lot 5. Trade and service areas (shop, bank, etc.) 6. Farm 7. River/lake/stream/ocean 8. Industrial/construction area 9. Other public building 10. Other Specify others								

a. Sibling 1	b. Sibling 2	c. Sibling 3	d. Sibling 4	e. Sibling 5	f. Sibling 6	g. Sibling 7	h. Sibling 8
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Q5207	Did the deceased report / experience <u>chest pain lasting less than 24 hrs</u> in the month preceding the death?	Yes 1	No 5														
Q5208	Did the deceased experience <u>paralysis</u> of any part of the body in the month preceding death?	Yes 1	No 5														
Q5209	If yes, was the <u>paralysis</u> accompanied or followed by <u>sudden loss of consciousness</u> ?	Yes 1	No 5														
Q5210	Did the deceased have a <u>cough</u> that lasted more than 3 weeks?	Yes 1	No 5														
Q5211	If yes, was there <u>blood in the sputum</u> ?	Yes 1	No 5														
Q5212	Did (s)he receive any <u>medical treatment</u> for <u>tuberculosis</u> ?	Yes 1	No 5														
Q5213	Did the deceased have <u>diarrhoea</u> that lasted more than a month ?	Yes 1	No 5														
Q5214	Was there any <u>rapid loss of weight</u> ?	Yes 1	No 5														
Q5215	Were there any <u>white patches</u> in the mouth ?	Yes 1	No 5														

Time End: ___ : ___

6000. Coverage

Time Begin: ___ : ___

READ TO RESPONDENTS: Now I would like to read to you questions about some health problems or health care needs that you and the young children in this house may have experienced, and the treatment or medical care that you may have received.

CHRONIC CONDITIONS - DIAGNOSIS AND TREATMENT (*Questions to be asked to all respondents*)

Q6000	Have you ever been diagnosed with <u>arthritis</u> (a disease of the joints)?	1. Yes	5. No	8. DK
Q6001	Have you ever been treated for it?	1. Yes	5. No	8. DK
Q6002	Have you been taking any <u>medications</u> or other treatment for it during the <u>last 2 weeks</u> ?	1. Yes	5. No	8. DK

During the **last 12 months**, have you experienced any of the following:

Q6003	<u>Pain, aching, stiffness or swelling</u> in or around the <u>joint</u> (like arms, hands, legs or feet) which were not related to an injury and lasted for more than a month ?	1. Yes	5. No	
Q6004	Stiffness in the joint in the morning after getting up from bed, or after a long rest of the joint without movement ?	1. Yes	5. No	If No: Go to Q6007
Q6005	How long does this stiffness last? <i>READ CHOICES AND MARK AS APPROPRIATE</i>	1. About 30 minutes or less	2. More than 30 minutes	
Q6006	Does this stiffness go away after exercise or movement in the joint?	1. Yes	5. No	
Q6007	Have you experienced <u>back pain</u> (including disc problems) during the <u>last 30 days</u> ?	1. Yes	5. No	If No: Go to Q6009
Q6008	How many days did you have this back pain during the <u>last 30 days</u> ?	Days _____		

Q6009	Have you ever been diagnosed with <u>angina</u> or <u>angina pectoris</u> (a heart disease)?	1. Yes	5. No	8. DK
Q6010	Have you ever been treated for it?	1. Yes	5. No	8. DK

Q6011	Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks?	1. Yes	5. No	8. DK
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During the last 12 months, have you experienced any of the following:

Q6012	Pain or discomfort in your chest when you walk uphill or hurry?	1. Yes	5. No	9. Never walks uphill or hurries
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Q6013	Pain or discomfort in your chest when you walk at an ordinary pace on level ground?	1. Yes	5. No	
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If Q6012 and Q6013 No: Go to Q6017

Q6014	What do you do if you get the pain or discomfort when you are walking? <i>READ CHOICES</i>	1. Stop or slow down 2. Carry on after taking a pain relieving medicine that dissolves in your mouth 3. Carry on		
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Q6015	If you stand still, what happens to the pain or discomfort? <i>READ CHOICES</i>	1. Relieved	2. Not relieved	
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Q6016	Will you show me where you usually experience the pain or discomfort? <i>RECORD ALL AREAS OF BODY MENTIONED OR SHOWED</i>	1. Upper or middle chest	2. Lower chest	3. Left arm	4. Other
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Q6017	Have you ever been diagnosed with <u>asthma</u> (an allergic respiratory disease)?	1. Yes	5. No	8. DK
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Q6018	Have you ever been treated for it?	1. Yes	5. No	8. DK
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Q6019	Have you been taking any <u>medications or other treatment</u> for it during the last 2 weeks?	1. Yes	5. No	8. DK
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During the last 12 months, have you experienced any of the following:

Q6020	Attacks of <u>wheezing or whistling breathing</u> ?	1. Yes	5. No
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Q6021	Attack of wheezing that came on <u>after you stopped exercising or some other physical activity</u> ?	1. Yes	5. No
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Q6022	A feeling of <u>tightness in your chest</u> ?	1. Yes	5. No
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Q6023	Have you <u>woken up with a feeling of tightness in your chest</u> in the morning or any other time?	1. Yes	5. No
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Q6024	Have you had an <u>attack of shortness of breath</u> that came on <u>without obvious cause</u> when you were not exercising or doing some physical activity?	1. Yes	5. No
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Q6025	Have you ever been diagnosed with <u>depression</u> ?	1. Yes	5. No	8. DK
Q6026	Have you ever been treated for it?	1. Yes	5. No	8. DK
Q6027	Have you been taking any <u>medications</u> or other treatment for it during the last 2 weeks?	1. Yes	5. No	8. DK

During the last 12 months, have you experienced any of the following:

Q6028	Have you had a period <u>lasting several days</u> when you felt <u>sad, empty or depressed</u> ?	1. Yes	5. No	8. DK
Q6029	Have you had a period lasting several days when you <u>lost interest</u> in most things you usually enjoy such as hobbies, personal relationships or work?	1. Yes	5. No	8. DK
Q6030	Have you had a period lasting several days when you have been feeling your <u>energy decreased</u> or that you are <u>tired all the time</u> ?	1. Yes	5. No	8. DK
Q6031	Was this period [of sadness/loss of interest/low energy] for <u>more than 2 weeks</u> ?	1. Yes	5. No	
Q6032	Was this period [of sadness/loss of interest/low energy] <u>most of the day, nearly every day</u> ?	1. Yes	5. No	
Q6033	During this period, did you <u>lose your appetite</u> ?	1. Yes	5. No	
Q6034	During this period, did you notice any <u>slowing down in your thinking</u> ?	1. Yes	5. No	

Q6035	Have you ever been diagnosed to have a mental health problem such as <u>schizophrenia</u> or <u>psychosis</u> ?	1. Yes	5. No	8. DK
Q6036	Have you ever been treated for it?	1. Yes	5. No	8. DK
Q6037	Have you been taking any <u>medications</u> or other treatment for it during the last 2 weeks?	1. Yes	5. No	8. DK

During the last 12 months, have you experienced any of the following:

Q6038	A feeling something <u>strange and unexplainable was going</u> on that other people would find hard to believe?	1. Yes	5. No	8. DK
Q6039	A feeling that <u>people were too interested in you</u> or there was a <u>plot to harm you</u> ?	1. Yes	5. No	8. DK
Q6040	A feeling that your thoughts were being <u>directly interfered or controlled</u> by another person, or your mind was being <u>taken over by strange forces</u> ?	1. Yes	5. No	8. DK

Q6041	An experience of <u>seeing visions or hearing voices</u> that others could not see or hear when you were <u>not half asleep, dreaming or under the influence of alcohol or drugs</u> ?	1. Yes	5. No	8. DK
Q6042	Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)?	1. Yes	5. No	8. DK
Q6043	Have you ever been treated for it?	1. Yes	5. No	8. DK
Q6044	Have you been taking <u>insulin or other blood sugar lowering medications</u> in the <u>last 2 weeks</u> ?	1. Yes	5. No	8. DK
Q6045	Are you following a special diet, exercise regime or weight control program for <u>diabetes</u> ?	1. Yes	5. No	8. DK

TUBERCULOSIS DIAGNOSIS AND TREATMENT (*Questions to be asked to all respondents*)

During the last 12 months, have you experienced any of the following:

Q6100	<u>Cough</u> that lasted for <u>3 weeks or longer</u> ?	1. Yes	5. No
Q6101	Have you had <u>blood</u> in your phlegm or have you <u>coughed blood</u> ?	1. Yes	5. No
Q6102	In the <u>last 12 months</u> , have you had a <u>tuberculosis (TB) test</u> ? I mean, has a doctor examined your sputum (taken a sample of the substance spit out from a deep cough and sent it to a laboratory for analysis) or made an x-ray of your chest?	1. Yes	5. No

INVENTORY OF MEDICINES AND DRUGS (*Questions to be asked to all respondents*)

We are interested in knowing about the availability and use of certain medicines and drugs. Remember that whatever information you give me is confidential and will only be used for research purposes.

Q6200	Do you keep any <u>medicines or drugs</u> in the house?	1. Yes	5. No	If No: Go to Q6300
Q6201	May I see what medicines you personally have been using in the <u>last 2 weeks</u> ?	1. Yes	5. No, not using any	7. Refuse If No or Refuse: Go to Q6300

Interviewer: IDENTIFY THE MEDICINE(S) SHOWN BY THE RESPONDENT IN THE MEDICINE LIST AND THEN RECORD IN THE CORRESPONDING ROW IN THE FOLLOWING TABLE. PLEASE COMPLETE THE TABLE FOR A MAXIMUM OF THE 3 MOST USED MEDICINES FOR EACH CONDITION.

Q6202	Condition	a) Medicine 1 Select class from Medicine list (Appendices)		b) Prescribed by medical professional? (Yes / No)		c) Medicine 2 Select class from Medicine list (Appendices)		d) Prescribed by medical professional? (Yes / No)		e) Medicine 3 Select class from Medicine list (Appendices)		f) Prescribed by medical professional? (Yes / No)	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	1. Arthritis			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	2. Angina			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	3. Asthma			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	4. Depression			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	5. Psychosis or schizophrenia			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	6. Tuberculosis (TB)			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	7. HIV/AIDS			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	8. Diabetes			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5
	9. Other			Yes 1	No 5			Yes 1	No 5			Yes 1	No 5

CERVICAL CANCER AND BREAST CANCER SCREENING (Women only)

Questions to be asked to FEMALE respondents aged 18-69 only.

CHECK SEX : Female ->CONTINUEMale -> GO TO SECTION 6500

CHECK AGE : Aged between 18 - 69 ->GO TO 6300Aged 70 or over -> GO TO SECTION 6500

Now I would like to ask you about some of the kinds of medical care or tests that you may have received.

Q6300	When was the last time you had a pelvic examination, if ever? (By pelvic examination, I mean when a doctor or nurse examined your vagina and uterus?)	1. Within the last 3 years	2. 4-5 years ago	3. More than 5 years ago	5. NEVER HAD EXAM	8. DK	If More than 3 years ago or Never: Go to Q6302
Q6301	The last time you had the pelvic examination, did you have a PAP smear test?(By PAP smear test, I mean did a doctor or nurse use a swab or stick to wipe from inside your vagina, take a sample and send it to a laboratory?)	1. Yes		5. No		8. DK	

CHECK WOMAN'S AGE : Between 40-69 -> GO TO 6302..... Aged 39 or under -> GO TO 6400

Q6302	When was the last time you had a <u>mammography</u> , if ever? (That is, an x-ray of your breasts taken to detect breast cancer at an early stage.)	1. Within the last 3 years	2. 4-5 years ago	3. More than 5 years ago	5. NEVER HAD EXAM	8. DK
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MATERNAL HEALTH CARE (Women only)

Questions to be asked to women of reproductive age (18-49 years) with a live birth in last 5 years only.

CHECK WOMAN'S AGE : Between 18-49 -> CONTINUE Aged 50 or over -> GO TO SECTION 6500

CHECK QUESTIONS Q5001 AND Q5002 FOR THE DATE OF THE WOMAN'S LAST LIVE BIRTH :

Last birth within the last 5 years (since January 1998) -> CONTINUE.....Last birth was more than 5 years ago: GO TO SECTION 6500

NAME OF THE YOUNGEST CHILD BORN IN THE LAST 5 YEARS: _____ DATE OF BIRTH: _____

Interviewer: USE THIS NAME FOR THE FOLLOWING QUESTIONS.

Q6400	When you were pregnant with [NAME], did you see a health care professional to have your pregnancy checked?	1. Yes	5. No	8. DK	If No or DK: Go to Q6410
Q6401	How many <u>times</u> during your pregnancy with [NAME] did you see a health care professional? RECORD THE NUMBER OF TIMES HEALTH CARE PROFESSIONAL WAS SEEN.			88. DK	
Q6402	Who did you see <u>most</u> of the time ?	1. Doctor (including specialists such as gynecologist, obstetrician, surgeon, etc.) 2. Nurse or midwife 3. Auxiliary nurse or midwife (including student nurses, nurses' aides, etc.) 4. Traditional birth attendant 5. Other 8. DK			

During your pregnancy with [NAME], when you were visiting a health care provider, was any of the following done at least once:

Q6403	Was your <u>blood pressure</u> measured?	1. Yes	5. No	8. DK
Q6404	Did you give a <u>blood sample</u> (I mean, was blood taken from you for sending to a laboratory for analysis)?	1. Yes	5. No	8. DK

Q6405	Were you told about the signs of <u>pregnancy complications</u> and what you should do if they occur?	1. Yes	5. No	8. DK
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CHECK DATE OF LAST BIRTH (Questions 5001 and 5002) :

If last birth was within the last 2 years (since January 2001)-> GO TO 6406.....If birth was more than 2 years ago -> GO TO 6410

Q6406	During your antenatal care visits for your pregnancy with [NAME], were you given any information or counseled about <u>HIV</u> , the virus that causes <u>AIDS</u> ?	1. Yes	5. No	
Q6407	Was <u>HIV testing</u> offered to you at any time during your visits? (Please remember that whatever you say is confidential and will only be used for research purposes.)	1. Yes	5. No	If No: Go to Q6410
Q6408	I don't want you to tell me the results, but did you <u>agree to be tested</u> for HIV during any of your visits?	1. Yes	5. No	If No: Go to Q6410
Q6409	Did you <u>receive the results of the test</u> ? (I don't want to know the results.)	1. Yes	5. No	
Q6410	When you gave birth to [NAME], who <u>assisted</u> in the delivery? Anyone else? <i>Probe and record for all persons assisting.</i>	1. Doctor (including specialists such as gynecologist, obstetrician, surgeon, etc.) 2. Nurse or midwife 3. Auxiliary nurse or midwife (including student nurses, nurses' aides, etc.) 4. Traditional birth attendant 5. Relative/friend with no medical training 6. Other 7. No one 8. DK		
Q6411	Where did you give birth to [NAME]? <i>If the delivery was in a hospital or other health facility, ask if it was government operated or private.</i>	1. Hospital or maternity house 2. Other type of health facility 3. At home 4. Outside (such as field, transport, street, market, etc.)		
Q6412	Was it government operated or private?	1. Government operated	2. Private (including for-profit and not-for-profit)	8. DK

CHILD HEALTH: PREVENTIVE CARE (*Questions to be asked in households with children under 5 years only*)

CHECK HOUSEHOLD ROSTER: Household has children under 5 years -> CONTINUE..... No child under 5 years -> GO TO SECTION 6600

Q6500	Can you please tell me the <u>name</u> , the <u>sex</u> , and the <u>date of birth</u> of the <u>youngest child</u> living in this household?	Name of youngest child _____					
Q6501	Sex	1. Male	2. Female				
Q6502	Date of birth <i>Interviewer: USE NAME OF YOUNGEST CHILD IN HOUSEHOLD FOR THE FOLLOWING QUESTIONS.</i>	MM_____YY_____				If child <u>aged over 5 years</u> (born December 1997 or earlier): Go to Q6600	
Q6503	What is your <u>relationship</u> with this child?	1. Parent	2. Grand Parent	3. Brother or sister	4. Other relative		5. Not related
Q6504	Do you have a card where [NAME]'s <u>vaccinations</u> are written down? <i>If Yes: May I see it?</i>	1. Yes, CARD SEEN	2. Yes, BUT CARD NOT SEEN	5. No CARD	8. DK		If Card not seen, No Card or DK: Go to Q6513

Interviewer: FOR QUESTIONS 6505-6508, COPY VACCINATION DATES FOR EACH OF THE FOLLOWING VACCINES FROM THE CARD. IF THE CARD INDICATES A VACCINATION WAS GIVEN BUT THE DATE IS NOT RECORDED, CHECK THE BOX WITH "04/04/0004".

Q6505	DPT 1	dd	mm	yy	Date not recorded 04/04/0004
Q6506	DPT 2	dd	mm	yy	Date not recorded 04/04/0004
Q6507	DPT 3	dd	mm	yy	Date not recorded 04/04/0004
Q6508	Measles	dd	mm	yy	Date not recorded 04/04/0004

Q6509	Has [NAME] received any <u>additional vaccinations</u> to prevent him/her from getting diseases that are <u>not recorded</u> on this card?	1. Yes	5. No	8. DK		If No or DK: Go to Q6517
Q6510	Has [NAME] received additional vaccinations to prevent him/her from getting <u>diphtheria, tetanus or whooping cough</u> (injection in the thigh or buttocks)?	1. Yes	5. No	8. DK		

Q6511	<i>If Yes:</i> How many times?		88. DK	
Q6512	Has [NAME] received an additional vaccination that is not recorded on this card to prevent him/her from getting <u>measles</u> ?	1. Yes	5. No	8. DK
Q6513	Did [NAME] ever receive <u>any vaccinations</u> to prevent him/her from getting diseases?	1. Yes	5. No	8. DK
Q6514	Please tell me if [NAME] has received any of the following vaccinations: <u>DPT vaccination</u> , that is, an injection in the thigh or buttocks to prevent <u>diphtheria, whooping cough and tetanus</u> ?	1. Yes	5. No	8. DK
Q6515	<i>If Yes:</i> How many times?		88. DK	
Q6516	An injection to prevent <u>measles</u> ?	1. Yes	5. No	8. DK
Q6517	In the <u>last 12 months</u> , did [NAME] ever receive a <u>vitamin A</u> capsule or supplement like this? <i>Show capsule/dispenser</i>	1. Yes	5. No	8. DK
Q6518	<i>If Yes:</i> How many times did [NAME] received it?		88. DK	

CHILD HEALTH: Curative Care (*Questions to be asked in households with children under 5 years only*)

Q6550	When was the <u>last time</u> [NAME OF YOUNGEST CHILD] was <u>sick</u> with fever, diarrhea, or any other illness?	1. Within the last 2 weeks	2. 2 weeks-less than 1 month ago	3. 1 month-3 months ago	4. More than 3 months ago	5. Never was sick	8. DK	If Never or DK: Go to Q6600
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During [NAME]'s last episode of illness, what symptoms did [NAME] have?

PROBE FOR EACH OF THE FOLLOWING SYMPTOMS. RECORD ALL SYMPTOMS MENTIONED.

Q6551	Fever (hot body)	1. Yes	5. No	8. DK
Q6552	Cough	1. Yes	5. No	8. DK
Q6553	Difficult or fast breathing	1. Yes	5. No	8. DK
Q6554	Diarrhea	1. Yes	5. No	8. DK
Q6555	Blood in the stools	1. Yes	5. No	8. DK
Q6556	Vomiting everything (I mean persistent vomiting several times)	1. Yes	5. No	8. DK
Q6557	Unable to eat / drink	1. Yes	5. No	8. DK

Q6558	Convulsions	1. Yes	5. No	8. DK	
Q6559	Other symptom	1. Yes : Specify _____		5. No	
Q6560	During [NAME's] last illness, was [NAME] given <u>more than usual</u> to drink, about the <u>same amount</u> , or <u>less than usual</u> to drink, including breast milk?	1. More than usual to drink			
2. About the same to drink					
3. Less than usual to drink					
4. Nothing to drink					
8. DK					
Q6561	During [NAME's] last illness, was [NAME] given <u>more than usual</u> to eat, about the <u>same amount</u> , less than usual, or <u>nothing</u> to eat?	1. More than usual to eat			
2. About the same to eat					
3. Less than usual to eat					
4. Stopped food					
5. Never gave food (exclusively breastfed)					
8. DK					
Q6562	During [NAME's] last illness, did [NAME] receive any <u>care or treatment</u> for the illness?	1. Yes	5. No	8. DK	If No or DK: Go to Q6600
Q6563	<i>If Yes: Where did the child first receive care?</i> <i>If care received from hospital or outpatient facility, ask whether government operated or private.</i>	1. Hospital			
		2. Outpatient facility (including health centre, health post, clinic)			
		3. Pharmacy			
		4. Private physician			
		5. Traditional healer			
		6. Other : Specify _____			
Q6564	Was it government operated or private?	1. Government operated	2. Private	8. DK	
Q6565	How <u>soon</u> after the illness was noticed did [NAME] first receive care?	1. The same day (within 24 hours)	2. More than 24 hours later	8. DK	

Interviewer: THE FOLLOWING 5 QUESTIONS SHOULD BE ASKED ONLY IN MALARIA ENDEMIC AREAS.

Check if symptom of FEVER is recorded in Q6551.

If fever experienced during child's last illness -> CONTINUE..... If no fever: GO TO Q6568.

Q6566	During [NAME]'s last episode of fever, did [NAME] receive any treatment for malaria?	1. Yes	5. No	8. DK	If No or DK : Go to Q6568
Q6567	<i>If Yes:</i> What was taken? RECORD ALL TREATMENTS MENTIONED	1. Antimalarial medicine (prescribed by a medical professional)			
		2. Home remedy/herbal medicine			
		3. Remedy/medicine from traditional or faith healer			
		4. Other			
Q6568	In the last 12 months, did [NAME] have an episode of malaria?	1. Yes	5. No	8. DK	If No or DK : Go to Q6600
Q6569	During [NAME's] last episode of malaria, did [NAME] receive any treatment or take any medications for malaria?	1. Yes	5. No care	8. DK	If No or DK : Go to Q6600
Q6570	<i>If Yes:</i> What was taken? RECORD ALL TREATMENTS MENTIONED	1. Antimalarial medicine (prescribed by a medical professional)			
		2. Home remedy/herbal medicine			
		3. Remedy/medicine from traditional or faith healer			
		4. Other			

REPRODUCTIVE AND SEXUAL HEALTH CARE (Questions to be asked to respondents aged 18 to 49 only)

CHECK RESPONDENT'S AGE: Aged between 18 and 49 -> GO TO 6600.....Aged 50 or over -> GO TO SECTION 6700

Q6600	<i>Interviewer: CHECK IF OTHER PERSON(S) PRESENT DURING SECTION ON SEXUAL HEALTH</i>	1. Yes	5. No
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I would like to talk with you about another subject - your sexual life and sexual partners. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best of your knowledge, as this information is very important for the survey. I would like to assure you that this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

Q6601	Are you currently married or living with a man (woman)?	1. Yes		5. No		If Yes: Go to Q6603		
Q6602	Do you currently have: <i>READ CHOICES AND MARK AS APPROPRIATE</i>	1. Regular sexual partner	2. An occasional sexual partner		5. No sexual partner		If No sexual partner: Go to Q6605	
Q6603	Does your spouse (sexual partner) currently live with you in the same house?	1. Yes		5. No		If Yes: Go to Q6606		
Q6604	How long have you and your spouse (sexual partner) been living separately?	1. Within the last month	2. 1-2 months	3. 3-5 months	4. 6-12 months	5. More than 1 year	6. Never lived together	Go to Q6606
Q6605	Have you ever had sex?	1. Yes		5. No		If No: Go to 6700		
Q6606	When was the <u>last time</u> you had <u>sexual intercourse</u> ?	1. Within the last month	2. 1-2 months ago	3. 3-5 months ago	4. 6-12 months ago	5. More than 1 year ago	If More than 1 year ago: Go to Q6611	
Q6607	What was the <u>relationship</u> with the person with whom you last had sex?	1. Spouse/Cohabiting partner 2. Boyfriend/Girlfriend/Fiancé(e) 3. Other friend 4. Casual acquaintance 5. Relative 6. Commercial sex worker 7. Other						
Q6608	The last time you had sexual intercourse, was a <u>condom</u> used?	1. Yes		5. No		8. Don't remember		
Q6609	Have you had sex with <u>another person</u> in the last 12 months?	1. Yes		5. No		If No: Go to Q6611		
Q6610	The <u>last time</u> you had sexual intercourse with this other person, was a <u>condom</u> used?	1. Yes		5. No		8. Don't remember		

CHECK IF RESPONDENT IS FEMALE AND GAVE BIRTH IN THE LAST TWO YEARS (Questions 5001 and 5002) :

Never gave birth, or more than 2 years ago-> Continue with 6611..... Gave birth in the last two years -> GO TO 6700

Q6611	I don't want to know the results, but in the <u>last 12 months</u> , have you been tested to see if you have <u>HIV</u> , the virus that causes <u>AIDS</u> ? (Please remember that whatever you say is confidential and will only be used for research purposes.)	1. Yes	5. No	If No: Go to 6700
Q6612	Have you been told the results of the test?	1. Yes	5. No	

VISION CARE (Questions to be asked only to respondents aged 60 or over)

CHECK RESPONDENT'S AGE: Aged 60 years or older -> GOTO 6700..... Aged 59 years or younger -> GOTO SECTION 6750

Q6700	When was the last time you had your <u>eyes</u> examined by a medical professional?	1. Within the last 12 months	2. 1-2 years ago	3. 3-4 years ago	4. 5 years ago	5. More than 5 years ago	6. Never	8. DK	If Never, DK or More than 5 years ago: Go to Q6703
Q6701	In the <u>last 5 years</u> , were you diagnosed with a <u>cataract</u> in one or both of your eyes (that is, an opacity in the lens of the eye)?	1. Yes	5. No	8. DK	If No or DK: Go to Q6703				
Q6702	In the last 5 years, have you had <u>eye surgery</u> to remove your cataract(s)?	1. Yes	5. No						

In the last 12 months, have you experienced any of the following:

Q6703	Cloudy or blurry vision?	1. Yes	5. No	8. DK
Q6704	Vision problems with light, such as glare from bright lights, or halos around lights?	1. Yes	5. No	8. DK

ORAL HEALTH CARE (Questions to be asked to all respondents)

Now I would like to ask you some questions about the condition of your mouth and teeth.

Q6750	During the <u>last 12 months</u> , did you have any <u>problems with your mouth and/or teeth</u> ?	1. Yes	5. No	If No: Go to Q6757
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Q6751	During the last 12 months, did you receive any <u>medical care or treatment</u> from a dentist or other oral health specialist for this problem with your mouth and/or teeth?	1. Yes	5. No	If No: Go to Q6757
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What types of care or treatment did you receive for this problem with your mouth and / or teeth?

Probe for all types of care or treatment. Record in questions 6752-6756 all types mentioned.

Q6752	Medication	1. Yes	5. No
Q6753	Dental work / oral surgery	1. Yes	5. No
Q6754	Dentures or bridges	1. Yes	5. No
Q6755	Information or counseling on dental care / oral hygiene	1. Yes	5. No
Q6756	Other oral treatment	1. Yes : Specify _____	5. No
Q6757	Have you <u>lost all</u> of your natural teeth?	1. Yes	5. No

CARE FOR ROAD TRAFFIC AND OTHER INJURIES (*Questions to be asked to all respondents*)

Q6800	In the past 12 months, have you been involved in a <u>road traffic accident</u> where you suffered from bodily injury? <i>PROBE: This could have been an accident in which you were involved either as the occupant of a motor vehicle, or when you were riding a motorcycle or bicycle, or walking.</i>	1. Yes	5. No	If No: Go to Q6806			
Q6801	<u>When</u> (in the last 12 months) did the accident happen?	1. Within the last 30 days	2. 1-2 months ago	3. 3-5 months ago	4. 6-12 months ago	8. DK	
Q6802	Did you receive any <u>medical care or treatment</u> for your injuries?	1. Yes	5. No	If No: Go to Q6806			
Q6803	Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i>	1. On-site, ambulance	2. Hospital	3. Outpatient facility	4. Private physician	5. Traditional healer	6. Other
Q6804	Was it government operated or private?	1. Government operated	2. Private (including for-profit and not-for-profit)	8. DK			

Q6805	How <u>soon</u> after the traffic accident occurred did you <u>first</u> receive care? <i>PROBE: Did someone later tell you how long after the accident occurred you received care?</i>	1. In 1 hour or less	2. In over 1 hour, but within 24 hours	3. More than 24 hours later
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Q6806	In the past <u>12 months</u> , have you suffered <u>bodily injury</u> that limited your everyday activities, due to a fall, burn, poisoning, submersion in water, or by a firearm, sharp weapon or an act of violence from another person?	1. Yes	5. No	If No: Go to next section
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Q6807	<u>When</u> (in the last 12 months) did the incident happen?	1. Within the last 30 days	2. 1-2 months ago	3. 3-5 months ago	4. 6-12 months ago	8. DK
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Q6808	Did you receive any <u>medical care or treatment</u> for your injuries?	1. Yes	5. No	If No: Go to next section
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Q6809	Where did you <u>first</u> receive care? READ CHOICES <i>If care received from ambulance, hospital or outpatient facility, ask if it was government operated or private.</i>	1. On-site, ambulance	2. Hospital	3. Outpatient facility	4. Private physician	5. Traditional healer	6. Other
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Q6810	Was it government operated or private?	1. Government operated	2. Private (including for-profit and not-for-profit)	8. DK
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Q6811	How <u>soon</u> after this injury occurred did you <u>first</u> receive care?	1. In 1 hour or less	2. In over 1 hour, but within 24 hours	3. More than 24 hours later
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Time End: ___ : ___

7000. Health System Responsiveness

Time Begin: ___ : ___

Needing Health Care And General Evaluation Of Health Systems

Q7000	When was the <u>last</u> time that either you as an adult, or a child of yours aged 12 years or less, needed health care? [Interviewer: stop reading further as soon as the respondent has selected one.]	1. In the last 30 days	If 7: Go to Q7020
		2. Between 1 month and less than 1 year ago	
		3. Between 1 year and less than 2 years ago	
		4. Between 2 years and less than 3 years ago	
		5. Between 3 years and less than 5 years ago	
		6. More than 5 years ago	
		7. Never needed	

Q7001	Was the <u>last</u> need for health care for yourself or for your child?	1. Yourself	2. Your child
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[Interviewer: Use "you" or "your child" according to the response]

Q7002	Thinking of the last time you [your child] needed to see a health care provider who could treat your condition, how many were there around who you could chose from? Interviewer: RECORD NUMBER	_____
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Q7003	Which reason <u>best</u> describes why you [your child] last needed health care? [Interviewer - the respondent may select ONLY one]	1. High fever, severe diarrhea, or cough
		2. Immunization
		3. Antenatal consultation
		4. Family planning
		5. Childbirth
		6. Dental care
		7. Arthritis
		8. Asthma
		9. Heart disease
		10. Bodily injury
		11. Minor surgery
		12. Other

Q7004	The last time you [your child] needed health care, did you get health care?	1. Yes	5. No	If Yes: Go to Q7016
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Which reasons best explain why you [your child] did not get health care?

Q7005	Could not afford the cost of the visit	1. Yes	5. No
Q7006	No transport	1. Yes	5. No

Q7007	Could not afford the cost of transport	1. Yes				5. No	
Q7008	The health care provider's drugs or equipment are inadequate	1. Yes				5. No	
Q7009	The health care provider's skills are inadequate	1. Yes				5. No	
Q7010	You were previously badly treated	1. Yes				5. No	
Q7011	Could not take time off work or had other commitments	1. Yes				5. No	
Q7012	You did not know where to go	1. Yes				5. No	
Q7013	You thought you were not sick enough	1. Yes				5. No	
Q7014	You tried but were denied health care	1. Yes				5. No	
Q7015	Other	1. Yes				5. No	Go to Q7020
Q7016	When you last needed health care, where did you get care?	1. At a health care provider, excluding an overnight stay in hospital 2. At a hospital where you stayed overnight 3. At home					
Q7017	The last time you [your child] sought care for [refer to the CONDITIONS listed in Q 7003] did the health care provider prescribe any medicine for you [your child]?	1. Yes	5. No		8. DK		If No or DK: Go to Q7020
Q7018	Of the medicines that were prescribed for you [your child], how many of them were you able to get?	1. All of them 2. Most 3. Some 4. Very few 5. None of them					If All of them, Go to Q7020
Q7019	Which reason best explains why you [your child] did not get <u>all the medicines</u> you were prescribed?	1. Could not afford 2. Could not find all medicines 3. Did not believe all the medications were needed 4. Started to feel better 5. Already had some of the medicines at home 6. Other					
Q7020	How would you rate the way health care in your country <u>involves you in deciding what services it provides and where it provides them?</u>	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
Q7021	In general would you say you are <u>very</u> satisfied, <u>fairly</u> satisfied, <u>neither</u> satisfied nor <u>dissatisfied</u> , <u>fairly</u> dissatisfied or <u>very</u> dissatisfied with the way health care runs in your country.	1. Very satisfied	2. Fairly satisfied	3. Neither satisfied or dissatisfied	4. Fairly dissatisfied	5. Very dissatisfied	

Q7022	During the past year, did you <u>provide help</u> to a relative or friend (adult or child), because this person has a long-term physical or mental illness or disability, or is getting old and weak?	1. Yes, for a person living in the same household	If No: Go to Q7028
		2. Yes, for a person living in a separate household	
		5. No	

Please tell me the kind of care you provided :

Q7023	You helped with personal care, such as going to the toilet, washing, getting dressed, or eating	1. Yes	5. No
Q7024	You helped with medical care, like changing bandages and giving medicines	1. Yes	5. No
Q7025	You helped with household activities, such as meal preparation, shopping, cleaning, laundry	1. Yes	5. No
Q7026	You watched over them since their behaviour can be upsetting or dangerous to themselves or others	1. Yes	5. No
Q7027	You helped them to get around outside the home	1. Yes	5. No

In your dealings with private health care organizations or the government, have you ever had any difficulties:

Q7028	Obtaining payment <u>exemptions</u> or the right to <u>special rates</u> for health care	1. Yes	5. No	9. Not applicable
Q7029	<u>Completing or filling out applications for health insurance</u>	1. Yes	5. No	9. Not applicable
Q7030	Finding out what <u>benefits</u> you are entitled to from your health insurance	1. Yes	5. No	9. Not applicable
Q7031	<u>Getting reimbursements</u> from health insurance organizations	1. Yes	5. No	9. Not applicable

IMPORTANCE

Q7100	<p>How important is "respectful treatment" to you. This means</p> <ul style="list-style-type: none"> • being shown respect when greeted by and when talking to health care providers • having physical examinations conducted in a way that respects your cultural norms <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7101	<p>How important is "confidentiality of personal information" to you. This means</p> <ul style="list-style-type: none"> • having information about your health and other personal information kept confidential • having conversations with health care providers without other people overhearing <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7102	<p>How important is "convenient travel and short waiting times" to you. This means</p> <ul style="list-style-type: none"> • having short travel times and convenient access to health care facilities • having short waiting times for consultations and hospital admissions <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7103	<p>How important is "choice of health care providers" to you. This means,</p> <ul style="list-style-type: none"> • being able to choose your health care provider (place or person) • being able to consult for a second opinion or with a specialist if so desired <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7104	<p>How important is "involvement in decision making" to you. This means</p> <ul style="list-style-type: none"> • being involved as much as you want in deciding about your health care • freedom to discuss other treatment options or care regimes if you want <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important

Q7105	<p>How important are "good quality surroundings" to you? This means</p> <ul style="list-style-type: none"> •having enough space, seating and fresh air in the waiting rooms, examination rooms and hospital wards •having a clean facility (including clean toilets) <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7106	<p>How important is "contact with the outside world " to you? This means</p> <ul style="list-style-type: none"> •having family and friends visit you as much as you want when you are a patient in hospital •being able to keep in contact with family and friends and to have information about what is happening outside the hospital <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important
Q7107	<p>How important is "clarity of communication" to you. This means</p> <ul style="list-style-type: none"> • having the health care providers explain things in a way you can understand • having enough time to ask questions if you don't understand something <p>Would you say it is:</p>	1. Extremely Important	2. Very Important	3. Moderately Important	4. Slightly Important	5. Not Important

Seeing Health Care Providers

[Interviewer: If an adult went for health care at the same time as for his/her children, focus on the adult's experience]

Q7200	Over the last <u>5 years</u> , was there ever a time you stayed <u>overnight</u> in a hospital or other type of long term care facility for your <u>own</u> health care?	1. Yes - a hospital	2. Yes - long term care facility	5. No	If Yes, Go to Q7400
Q7201	Over the last <u>5 years</u> , was there ever a time that one of your children aged <u>12 years or less</u> stayed <u>overnight</u> in a hospital? [Interviewer: if the person has more than one child, ask for sex and age of the child that had the last visit; If several children were seen at the same time, focus on the YOUNGEST child.]	1. Yes		5. No	If No, Go to Q7204
Q7202	What is the <u>sex</u> of the child?	1. Female	2. Male		
Q7203	What is the <u>date of birth</u> of the child?	MM_____	YY_____		Go to Q7400
Q7204	Over the last 12 months, did you receive any health care <u>excluding</u> any overnight stay in hospital?	1. Yes		5. No	If Yes, Go to Q7300
Q7205	Over the last 12 months, was there ever a time you accompanied one of your children aged 12 years or less for health care <u>excluding</u> any overnight stay in hospital? [Interviewer: if the person has more than one child ask for sex and age of the child that had the last visit; If several children were seen at the same time, focus on the YOUNGEST child.]	1. Yes		5. No	If No, Go to Q8000
Q7206	What is the <u>sex</u> of the child?	1. Female	2. Male		
Q7207	What is the <u>date of birth</u> of the child?	MM_____	YY_____		

Outpatient and Care at Home

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

Q7300	What was the name of the last health care provider you [your child] used in the last 12 months?[Interviewer: try get the name of the clinic or health centre, rather than the doctor, if the respondent used a clinic or health centre. If the respondent was visited at home, write "home visit"].						
Q7301	Was the last <u>place</u> you [your child] visited <u>in the last 12 months</u> :	1. Operated by the government	2. Privately operated	3. NGO	4. Other		
Q7302	Which was the last health care provider you <u>visited</u> ? [Interviewer: After q7302 substitute the type of health care provider selected by the patient when you see [health care provider] in parentheses.]	1. Medical doctor (including gynaecologist, psychiatrist, ophthalmologist, etc.) 2. Nurse 3. Midwife 4. Dentist 5. Physiotherapist or chiropractor 6. Traditional medicine practitioner 7. Other					
Q7303	What was the sex of [the health care provider]?	1. Female		2. Male			
Q7304	In your opinion, was the [health care provider's] skill <u>adequate</u> for your [child's] treatment?	1. Yes			5. No		
Q7305	In your opinion, was [the health care provider's] equipment <u>adequate</u> for your [child's] treatment?	1. Yes			5. No		
Q7306	In your opinion, were [the health care provider's] drug supplies <u>adequate</u> for your [child's] treatment?	1. Yes			5. No		
Q7307	Thinking about your [child's] last visit, how <u>long</u> did it take you to get there? (minutes)						
Q7308	Thinking about your [child's] last visit, how did you get there?[Interviewer: mark the one used for most of the travel distance.]	1. Private car or motorcycle	2. Public transport	3. Ambulance	4. Bicycle	5. Walked	6. Other

Thinking about your [child's] last visit, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle "Not applicable, not have"]

Q7309	[Health care provider's] fees	8. DK	
Q7310	Medicines	8. DK	9. Not applicable, not have

Q7324	For your [child's] last visit, how would you rate the way your <u>personal information</u> was kept <u>confidential</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	8. DK
Q7325	For your [child's] last visit, how would you rate the freedom you had to choose your [health care provider]?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	
Q7326	For your [child's] last visit, how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	9. Not applicable, home care
Q7327	For your [child's] last visit, how would you rate the amount of <u>space</u> in the waiting and examination rooms?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad	9. Not available, home care

In the last 12 months did you feel that you were treated worse by health care providers for any of the following reasons. Because of your:

Q7328	Sex	1. Yes	5. No
Q7329	Age	1. Yes	5. No
Q7330	Lack of money	1. Yes	5. No
Q7331	Social class	1. Yes	5. No
Q7332	Ethnic group or colour	1. Yes	5. No
Q7333	Type of illness	1. Yes	5. No
Q7334	Nationality	1. Yes	5. No

Inpatient Hospital

[Interviewer : use "you" or "your child" according to responses in previous section "Seeing Health Care Providers".]

Q7400	What was the name of the last hospital or long term care facility you [your child] stayed in, in the last 5 years?						
Q7401	Was the hospital (or long term care facility):	1. Operated by the government	2. Privately operated	3. NGO	4. Other		
Q7402	When was your [child's] <u>last overnight stay</u> ? [Interviewer: stop reading further as soon as the respondent has selected one]	1. In the last 4 weeks	2. In the last year	3. In the last 2 years	4. In the last 3 years	5. In the last 5 years	
Q7403	Which of the following best describes the reason for your [child's] <u>last overnight stay</u> ?	1. High fever, sever diarrhea, or cough					
		2. Childbirth					
		3. Arthritis					
		4. Asthma					
		5. Heart disease					
		6. Bodily injury					
		7. Minor surgery					
		8. Other					
Q7404	How long was your [child's] stay on this occasion? [Interviewer: stop reading further as soon as the respondent has selected one]	1. 1-2 days	2. 3-5 days	3. 6-14 days	4. 15 days and more		
Q7405	In your opinion, was the skill of the health care providers adequate for your [child's] treatment?	1. Yes			5. No		
Q7406	In your opinion, was the hospital's equipment adequate for your [child's] treatment?	1. Yes			5. No		
Q7407	In your opinion, were the hospital's drug supplies adequate for your [child's] treatment?	1. Yes		5. No		8. NA	
Q7408	Thinking about your [child's] last hospital stay, how <u>long</u> did it take you to get there (in minutes)?						
Q7409	Thinking about your [child's] last hospital stay, how did you get there? [Interviewer; mark the one used for most of the travel distance.]	1. Private car or motorcycle	2. Public transport	3. Ambulance	4. Bicycle	5. Walked	6. Other

Q7410	For your [child's] last hospital stay, how long from the time you needed hospital care did you wait to be admitted to hospital? [Interviewer: stop reading further as soon as the respondent has selected one]	1. Same day	2. Less than a week	3. Less than 1 month	4. Less than 3 months	5. 3 months and more
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Thinking about your last hospital stay, how much did you or your household pay for (local currency): [Interviewer: only write 0 if the service was free. If a person did not have tests or drugs, circle "Not applicable, not have"]

Q7411	Doctor's fees			-8. DK		
Q7412	Medicines			-8. DK		9. NA, not have
Q7413	Tests			-8. DK		9. NA, not have
Q7414	Transport			-8. DK		9. NA, not have
Q7415	Other			-8. DK		9. NA, not have
Q7416	Did you or your household pay less than the normal health care fees because of a government discount or exemption?	1. Yes		5. No		9. NA, free
Q7417	Thinking about your [child's] <u>last hospital stay</u> , how many people slept in the same room as you [your child]?					
Q7418	For your [child's] <u>last hospital stay</u> , how would you rate the travelling time to the hospital?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7419	For your [child's] <u>last hospital stay</u> , how would you rate the amount of time you <u>waited</u> before being attended to?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7420	For your [child's] <u>last hospital stay</u> , how would you rate your experience of being <u>greeted and talked to respectfully</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7421	For your [child's] <u>last hospital stay</u> , how would you rate the way your [child's] <u>privacy</u> was respected during physical examinations and treatments?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7422	For your [child's] <u>last hospital stay</u> , how would you rate the experience of how <u>clearly</u> health care providers explained things to you?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7423	For your [child's] <u>last hospital stay</u> , how would you rate your experience of getting <u>enough time</u> to ask questions about your [child's] health problem or treatment?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7424	For your [child's] <u>last hospital stay</u> , how would you rate your experience of getting <u>information</u> about <u>other types</u> of treatments or tests?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7425	For your [child's] <u>last hospital stay</u> , how would you rate your experience of being <u>involved</u> in making <u>decisions</u> about your [child's] health care or treatment?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

Q7426	For your [child's] last hospital stay, how would you rate the way the health services ensured you could talk <u>privately</u> to health care providers?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7427	For your [child's] last hospital stay, how would you rate the way your [child's] <u>personal information</u> was kept <u>confidential</u> ?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad 8. DK
Q7428	For your [child's] last hospital stay, how would you rate the freedom you had to <u>choose</u> the health care providers that attended to you [your child]?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7429	For your [child's] last hospital stay, how would you rate the <u>cleanliness</u> of the rooms inside the facility, including toilets?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7430	For your [child's] last hospital stay, how would you rate the amount of <u>space</u> you [your child] had?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7431	For your [child's] last hospital stay, how would you rate the ease of having <u>family and friends visit</u> you [your child]?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7432	For your [child's] last hospital stay, how would you rate your [child's] experience of <u>staying in contact with the outside world</u> when you [your child] were in hospital?	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

In the last 5 years did you feel that you were treated worse by the health care providers at the hospital for any of the following reasons. Because of your:

Q7433	Sex	1. Yes	5. No
Q7434	Age	1. Yes	5. No
Q7435	Lack of money	1. Yes	5. No
Q7436	Social class	1. Yes	5. No
Q7437	Ethnic group or colour	1. Yes	5. No
Q7438	Type of illness	1. Yes	5. No
Q7439	Nationality	1. Yes	5. No

VIGNETTES FOR HEALTH SYSTEM RESPONSIVENESS

Q7500	RECORD SET (A, B, C, D):	A
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I am now going to read you stories about people’s experiences with health care services. I want you to think about these people’s experiences as if they were your own. Once I have finished reading each story, I will ask you to rate what happened in the story as very good, good, moderate, bad or very bad.

Use in vignettes country specific female/male first names to match sex of the respondent (with exceptions specified in the “Guide to Administration and Question by Question Specifications”).

Vignette 1						
Q7501	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7502	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 2						
Q7503	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7504	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 3						
Q7505	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7506	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 4						
Q7507	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7508	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 5						
Q7509	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7510	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

Vignette 6						
Q7511	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7512	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 7						
Q7513	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7514	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 8						
Q7515	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7516	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 9						
Q7517	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7518	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Vignette 10						
Q7519	Question 1	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad
Q7520	Question 2	1. Very good	2. Good	3. Moderate	4. Bad	5. Very bad

Time End: ___ : ___

8000. Health Goals and Social Capital

Time Begin: ___ : ___

Social Capital and Stress

In the last month:

Q8000	How often have you felt that you were unable to <u>control the important things</u> in your life?	1. Never	2. Almost never	3. Sometimes	4. Fairly often	5. Very often
Q8001	How often have you found that you could <u>not cope with all the things</u> that you had to do?	1. Never	2. Almost never	3. Sometimes	4. Fairly often	5. Very often
Q8002	How <u>satisfied</u> are you with your <u>health</u> ?	1. Very dissatisfied	2. Dissatisfied	3. Neither satisfied nor dissatisfied	4. Satisfied	5. Very satisfied

Health Systems Goals

READ TO RESPONDENT: To answer the following question you need to understand what is meant by "Health System Goals". Five main goals have been identified:

1. Improving the health of the population (population lives longer and with less illness)
2. Minimizing inequalities in health between people (all people should have equal chances of being healthy)
3. Improving responsiveness of the health system (this involves things like how quickly people are attended to; how respectfully people are spoken to by medical staff; how clearly things are explained; how convenient it is to reach different health services; how clean they are; and how much freedom there is to choose to see the doctor one wants).
4. Minimizing inequalities/disparities in responsiveness (the health system is equally responsive to all people, no matter their wealth, social status, sex, age or religious or other beliefs)
5. Fairness in financial contribution (every household should pay a fair share towards the health system)

Now, I would like you to score these 5 goals in order of importance from the most important (1) to the least important (5) – Please, put the cards I will give to you in order of importance.

INTERVIEWER: GIVE RESPONDENTS CUE CARDS, WRITE THE CODE FROM EACH CARD NEXT TO THE RANK, STARTING WITH RANK 1 AS THE MOST IMPORTANT, TO RANK 5 AS THE LEAST IMPORTANT.

CODES FOR HEALTH SYSTEM GOALS	
HTH	Health
HIN	Health Inequalities
RES	Responsiveness
REI	Responsiveness Inequalities
FFC	Fairness in Financial Contribution

Q8003	RANK 1 (MOST important goal)	_____
Q8004	RANK 2	_____
Q8005	RANK 3	_____
Q8006	RANK 4	_____
Q8007	RANK 5 (LEAST important goal)	_____

Q8008	Lots of people find it difficult to get out and vote. <u>Did you vote in the last state/national/presidential election?</u>	1. Yes	5. No	7. Refusal	8. DK	
Q8009	How much of the time do you think you can trust the <u>NATIONAL</u> government to do what is right ?	1. Always	2. Most of the time	3. Some of the time	4. Hardly ever	5. Never
Q8010	How about your <u>LOCAL</u> government? How much of the time do you think you can trust the <u>LOCAL</u> government to do what is right?	1. Always	2. Most of the time	3. Some of the time	4. Hardly ever	5. Never
Q8011	In general, <u>how safe</u> from crime and violence do <u>you feel when you are alone at home?</u>	1. Completely safe	2. Very safe	3. Moderately safe	4. Slightly safe	5. Not safe at all
Q8012	How <u>safe do you feel when walking down your street alone</u> after dark?	1. Completely safe	2. Very safe	3. Moderately safe	4. Slightly safe	5. Not safe at all
Q8013	In the past year, have you or <u>anyone in your household been the victim of a violent crime</u> , such as assault or mugging?	1. Yes			5. No	
Q8014	<u>How much say</u> do you have in getting the government to address issues that interest you?	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all
Q8015	<u>How free</u> do you think you are to express yourself without fear of government reprisal?	1. Completely free	2. Very free	3. Moderately free	4. Slightly free	5. Not free at all

VIGNETTE FOR HEALTH GOALS SET A

Q 8100	RECORD SET:	A
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I am going to read you some brief descriptions of people and their situations. I would like you to listen to the descriptions and tell me how much say these people have in getting their government to address issues of importance to each person.

For each vignette ask:

How much say [does] [name of person] have in getting the government to address issues that interest [him/her]?

Please circle one option per vignette.

Q8101	Vignette 1	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all
Q8102	Vignette 2	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all
Q8103	Vignette 3	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all
Q8104	Vignette 4	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all
Q8105	Vignette 5	1. Unlimited say	2. A lot of say	3. Some say	4. Little say	5. No say at all

9000. Interviewer Observations

To be filled in by the interviewer at the end of the interview

Did the respondent:

Q9000	have a <u>hearing problem</u> ?	1. Yes				5. No
Q9001	have a <u>vision problem</u> ?	1. Yes				5. No
Q9002	use a <u>wheelchair</u> ?	1. Yes				5. No
Q9003	use <u>cane</u> / <u>crutches</u> / <u>walker</u> ?	1. Yes				5. No
Q9004	have any <u>difficulties walking</u> ?	1. Yes				5. No
Q9005	have <u>paralysis</u> in the arms, hands or legs?	1. Yes				5. No
Q9006	<u>cough</u> continually?	1. Yes				5. No
Q9007	have <u>shortness of breath</u> ?	1. Yes				5. No
Q9008	have a <u>mental problem</u> ?	1. Yes				5. No
Q9009	<u>other</u> health problem?	1. Yes				5. No
Q9010	have an <u>amputation</u> of a limb or part of a limb?	1. Yes				5. No
Q9011	The respondent cooperation was:	1. Excellent	2. Very good	3. Good	4. Fair	5. Poor
Q9012	<u>Accuracy</u> and <u>completeness</u> of respondent's answers:	1. Very high	2. High	3. Average	4. Low	5. Very Low
Q9013	Any <u>unusual circumstances</u> or happenings during the interview:	_____				
Q9014	Any <u>other comments</u> :	_____				